

CHAPTER 18

NURSING SERVICES

STANDARD OPERATING PROCEDURE

500 BED FLEET HOSPITAL

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## **NURSING SERVICES**

### **STANDARD OPERATING PROCEDURES**

#### **500 BED FLEET HOSPITAL**

A. **MISSION:** To provide intensive and intermediate nursing care to patients in a fleet hospital through a full spectrum of contingency operations : (1) acts of armed aggression;(2) humanitarian support; and (3) natural disaster support.

B. **FUNCTIONS:**

1. Provide fully trained nursing staff.
2. Orient nursing personnel to the hospital.
3. Assess, plan, implement, and evaluate nursing care of patients.

C. **SPECIAL CONSIDERATIONS:**

1. Each ward is self-sufficient and the same in design and equipment. Some wards have been designated for particular patients.

(a) The wards are identified as surgical or medical. Surgical wards are on one side of the central corridor with the medical wards along the other.

(b) One Intensive Care Unit is dedicated to Burns and CBRD casualty management due to the highly specialized care and training required.

(c) Ward Thirteen is the Isolation Ward as it is the farthest from the Operating Suites.

(d) Ward Fourteen has 20 beds reserved for Neuro-Psychiatric patients with the remainder of the beds screened off for the expectant area.

(e) Consideration must be given to dedicate one ward international patients and there may arise the need to specifically dedicate one ward to international females only.

(f) Humanitarian assistance and disaster support will add the need for a pediatric area.

2. Nurses assigned to Intensive Care areas, and the dedicated Burn/CBRD unit, need to be certified in Advanced Cardiac Life Support (ACLS), received specialized training in the management of Burn/CBRD patients and should have completed a course in Advanced Trauma Life Support (ATLS).

D. **WORKLOAD:** Variable

1. Steady state. 80 admissions per day.
  - (a) 54 surgical cases.
  - (b) 26 medical cases.
2. Peak state. 120 admissions per day.
  - (a) 80 surgical cases.
  - (b) 40 medical cases.
3. Other factors. Average length of stay is affected by the Theater Evacuation Policy and will vary as the policy changes and therefore is not accurately predictable.
4. Ratio of medical to surgical patients will also vary. Hostile acts of armed aggression will be surgically intense with minimal to moderate medical cases. Humanitarian missions will most likely be medically intense and will include pediatric patients. Support for natural disasters will initially be surgically intense but will shift to medical as diseases increase. Humanitarian and natural disaster support will also include pediatric cases.

E. **ORGANIZATION:**

1. Responsibility. The Director, Nursing Services is assigned overall management and direction of the nursing service
2. Staffing:
  - (a) Will vary depending on size of hospital deployed (25-500 beds).
  - (b) Will initially be in 12 hour shifts which may be continued at the discretion of the command. However, consideration should be given to return to 8 hour shifts to reduce fatigue and or to allow for call back coverage in the event of a casualty surge.
  - (c) Acuity of care required will determine staff to patient ratio on any given ward/patient care area. Will also be influenced by personnel on hand. Generally speaking, the further from the core of the hospital (OR/ICU area) the ward is located, the less the staffing requirement.
  - (d) Will differ from normal levels acceptable for peace time care, is not driven by JACHO or legal requirements, but by good professional judgement.

F. **CLINICAL POLICIES/GUIDELINES:**

1. Refer to DEPMED Clinical Guidelines and Treatment Briefs for definitive guidance.

2. Lippencott's Manual of Nursing Practice current edition is the established Nursing Procedure manual.

G. **STANDARDS & JOB DESCRIPTIONS:** Standard for Health Services personnel

H. **DOCUMENTATION:**

1. Charting should not be voluminous but rather by exception. Recording only those events, treatments or problems that occur. If the patient had an uneventful day, only treatments and meds would be charted.

2. The 24 hour nursing report contains the census(beds occupied vs beds available), Command interest patients (senior ranking officers, higher command staff,